



# MARYLAND DEPARTMENT OF NATURAL RESOURCES FISHERIES SERVICE

## SHELLFISH AQUACULTURE HARVESTER PERMIT REGISTRANT MODIFICATION FORM

INSTRUCTIONS: PLEASE COMPLETE ALL INFORMATION BY PRINTING OR TYPING. RETURN OF AN INCOMPLETE FORM MAY RESULT IN PROCESSING DELAYS. ALLOW 2-4 WEEKS FOR PROCESSING OF NEW PERMIT OR REGISTRATION CARDS. RETURN FORM BY MAIL TO DNR FISHERIES SERVICE, ATTN: AQUACULTURE PERMIT COORDINATOR, 580 TAYLOR AVENUE B-2, ANNAPOLIS, MD 21401; OR BY FAX TO 410-260-8279.

### PART I – PERMITEE

PERMITTEE NAME	MAILING ADDRESS
PHONE NUMBER	EMAIL ADDRESS
LEASE(S) FOR WHICH CHANGES ARE REQUESTED	DESIRED EFFECTIVE DATE OF MODIFICATIONS <b>REPLACEMENT CARD</b> <input type="checkbox"/>

### PART II - REGISTRANT ADDITIONS

ALL INDIVIDUALS ENGAGED IN AQUACULTURE ACTIVITIES ON THE LEASED AREA MUST BE REGISTERED WITH THE DEPARTMENT AND HAVE SHELLFISH AQUACULTURE HARVESTER REGISTRATION CARD, BEARING THEIR NAMES AND THE LEASE NUMBER, ON THEIR PERSONS AT ALL TIMES. FAILURE TO COMPLY MAY RESULT IN THE TERMINATION OF YOUR LEASE. MOREOVER, ANY INDIVIDUALS THAT ARE NOT REGISTERED WITH THE DEPARTMENT CAUGHT ENGAGING IN AQUACULTURE ACTIVITIES ON A LEASE MAY BE SUBJECT TO CRIMINAL AND/OR CIVIL PENALTIES. PERMITS AND REGISTRATION CARDS MAY BE SUSPENDED OR REVOKED BY THE DEPARTMENT FOR VIOLATIONS AS DESCRIBED IN COMAR 08.02.23.07.

LIST BELOW ANY PERSON(S) YOU WISH TO ADD AS A REGISTRANT TO THE LEASE LISTED ABOVE USING **FULL, GIVEN NAMES AND SSN**.

IF EMPLOYING ONE OR MORE PERSONS, PLEASE ENCLOSE A CERTIFICATE OF COMPLIANCE WITH STATE WORKMEN'S COMPENSATION LAWS, AS REQUIRED IN §1-401 OF THE NATURAL RESOURCES ARTICLE, ANNOTATED CODE OF MARYLAND. AS EVIDENCE OF INSURANCE, AN EMPLOYER-APPLICANT MAY PROVIDE A WORKMEN'S COMPENSATION INSURANCE POLICY NUMBER OR BINDER NUMBER IN LIEU OF SUBMITTING A CERTIFICATE OF COMPLIANCE.

**REGISTRANT 1:** Name \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Street Address City, State, Zip Code Telephone Number

\_\_\_\_\_  
TFL License number (if applicable) Date of Birth Email Address

**REGISTRANT 2:** Name \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Street Address City, State, Zip Code Telephone Number

\_\_\_\_\_  
TFL License number (if applicable) Date of Birth Email Address

**REGISTRANT 3:** Name \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Street Address City, State, Zip Code Telephone Number

\_\_\_\_\_  
TFL License number (if applicable) Date of Birth Email Address

**NOTE: IF MORE THAN THREE ADDITIONS. PLEASE ATTACH ADDITIONAL SHEETS OF PAPER WITH NECESSARY INFORMATION FOR EACH REGISTRANT.**

**PART II - REGISTRANT DELETIONS**

IF REQUESTING THAT REGISTRANTS BE REMOVED FROM YOUR LEASE, THEY MUST **SURRENDER THEIR CORRESPONDING REGISTRATION CARDS** BY ENCLOSING THEM WITH THIS FORM IN ORDER FOR THE DELETIONS TO BE PROCESSED.

**REGISTRANT 1:**

Name \_\_\_\_\_ Registrant # \_\_\_\_\_

**REGISTRANT 2:**

Name \_\_\_\_\_ Registrant # \_\_\_\_\_

**REGISTRANT 3:**

Name \_\_\_\_\_ Registrant # \_\_\_\_\_

**NOTE: IF MORE THAN THREE DELETIONS, PLEASE ATTACH ADDITIONAL SHEETS OF PAPER WITH NECESSARY INFORMATION FOR EACH REGISTRANT.**

**PART III - REGISTRANT UPDATES**

PLEASE USE THIS SECTION TO PROVIDE UPDATED CONTACT INFORMATION FOR ANY OF YOUR **EXISTING** REGISTRANTS.

**REGISTRANT 1:** Name \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_  
Street Address\_\_\_\_\_  
City, State, Zip Code\_\_\_\_\_  
Telephone Number\_\_\_\_\_  
TFL License number (if applicable)\_\_\_\_\_  
Registrant #\_\_\_\_\_  
Email address**REGISTRANT 2:** Name \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_  
Street Address\_\_\_\_\_  
City, State, Zip Code\_\_\_\_\_  
Telephone Number\_\_\_\_\_  
TFL License number (if applicable)\_\_\_\_\_  
Registrant #\_\_\_\_\_  
Email address**REGISTRANT 3:** Name \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_  
Street Address\_\_\_\_\_  
City, State, Zip Code\_\_\_\_\_  
Telephone Number\_\_\_\_\_  
TFL License number (if applicable)\_\_\_\_\_  
Registrant #\_\_\_\_\_  
Email address

**NOTE: IF MORE THAN THREE UPDATES, PLEASE ATTACH ADDITIONAL SHEETS OF PAPER WITH NECESSARY INFORMATION FOR EACH REGISTRANT.**

**PART IV - ACKNOWLEDGEMENTS**

I UNDERSTAND THAT I MUST HAVE ALL NECESSARY PERMITS AND COMPLY WITH ALL APPLICABLE HEALTH AND ENVIRONMENTAL LAWS AND REGULATIONS IN ASSOCIATION WITH THE ABOVE REGISTRATION CARDS.

I HEREBY APPLY FOR, DELETE, OR MODIFY THE ABOVE REGISTRATION CARDS AND CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

I WILL DISTRIBUTE REGISTRANT CARDS TO THE ABOVE INDIVIDUALS AS NEEDED UPON RECEIPT FROM THE DEPARTMENT.

SIGNATURE OF PERMITEE

DATE

**QUESTIONS? CONTACT THE AQUACULTURE DIVISION AT STEPHANIE.RICHARDS@MARYLAND.GOV OR 410-260-8648**